

**Part C State Annual Performance Report (APR) for FFY 2006****Overview of the Annual Performance Report Development:**

The Arizona Early Intervention Program used the following sources for completing this indicator:

- ❖ State data system
- ❖ Arizona's SPP and APR
- ❖ OSEP Self-Scoring Rubric for Indicator 14
- ❖ OSEP Indicator 14 Checklist
- ❖ OSEP data submission guidelines
- ❖ Data desk audits
- ❖ Monitoring data-site visits

In addition, Arizona reviewed OSEP's Data Accuracy: Critical Elements for Review of SPPs, the information presented during the data meeting in July 2007 and the technical assistance calls.

The actual target data were presented at the ICC meeting on January 11, 2008. Information about improvement activities completed and progress in meeting the target was disseminated.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 14** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:** State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings, and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

| FFY      | Measurable and Rigorous Target |
|----------|--------------------------------|
| FFY 2006 | 100%                           |

**Actual Target Data for FFY 2006:**

- a. 86.3%
- c. Mechanisms for ensuring error free, consistent, valid, and reliable data.
  - ❖ DES/AzeIP defines the data requirements, definitions, and values used in the state data system. Requirements, definitions and values are consistent with OSEP guidance.
  - ❖ After receipt of data by DES/AzeIP, child records are combined, unduplicated, and run through a variety of programs to clean data, and perform edit checks and validations.

- ❖ DES/AzEIP utilizes collected data to produce a variety of management reports. These reports are reviewed and analyzed to assess data collection procedures and practices, and to determine whether data was accurate and timely. Technical assistance, including provision of error reports, is provided to agencies and contractors as needed.
- ❖ Site monitoring of early intervention service providing agencies includes comparing data recorded in a child's paper file with data recorded in the electronic record, and verifies data submitted in an agency's self-assessment report.
- ❖ Verification visits conducted by CQI Coordinators and TAMS prior to closing out an agency's Corrective Action Plan to verify the data submitted in the agency's progress report. Verification includes comparing paper files with electronic files and progress reports.
- ❖ Crosswalks are utilized where needed between agency data systems and DES/AzEIP data requirements. These crosswalks are developed by the DES/AzEIP data manager and the agency data managers. Crosswalks are currently required between DES/AzEIP and the Division of Developmental Disabilities (DDD) for exit and settings data.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006**

Arizona did not meet the 100% target for this indicator.

Progress was made in determining timeliness and accuracy of data for Indicators 1 - timely services, 4 - Family Outcomes, 7- 45 day timeline, 8- transition, and 9- monitoring data for general supervision.

- Indicator 1-Timely services data was 100% accurate and reliable for the APR indicator data.
- Indicator 4- Family outcomes data significantly improved in timeliness, accuracy and completeness. Surveys were received from 87% (13/15) of the counties, and one of the remaining 2 counties demonstrated 100% compliance in disseminating surveys to families during the year. If the county that demonstrated compliance in survey dissemination is included, the compliance rate rises to 93% (14/15 counties).
- Indicator 7- Forty-five day timeline data was nearly 100% complete and accurate as of June 30, 2007, and reached 100% completeness and accuracy by the end of September 2007. Forty-five day timeline data has been determined valid through edits and validations, and site monitoring. Data collection instruments and data reporting have been determined to be accurate and valid, and implemented consistently.
- Indicator 8- Transition data, which is collected through site monitoring, was 100% accurate and reliable.
- Indicator 9- Monitoring data was 100% accurate and reliable.

Data for Indicators 2-settings data, 3- child outcomes, 5&6-child count; and for 618 report tables: 1- Child Count, 2- Settings, and 3- Exiting were identified as 67% (2/3) to 75% (3/4) timely, complete, valid and reliable, using the self-scoring rubric.

All AzEIP service providing state agencies and contractors are required to submit electronic data to DES/AzEIP on a monthly basis. AzEIP service providing agencies (DDD, ADHS, and ASDB) and contractors submit child data to DES/AzEIP utilizing AzEIP's file layout to prepare the 618 data

reports. In addition, service providing agencies are required to submit monitoring progress reports to DES/AZEIP on a regular basis, according to the parameters in their Corrective Action Plans. For agencies which have corrected all previously identified non-compliance and closed out their corrective action plans, quarterly data desk audits are conducted.

AZEIP implemented closer review and analysis of data system and monitoring data during FFY 2006. These activities resulted in the identification of data accuracy, reliability, and validity issues. The issues identified are discussed below.

**Data Verification and Handling:**

DES/AZEIP utilization of collected data to produce a variety of management reports was not consistently carried out. These reports were to be reviewed and analyzed to assess data collection procedures and practices, and to determine whether data was accurate and timely. Technical assistance, including provision of error reports, was not routinely and consistently provided to agencies and contractors, as needed.

**Settings Data:**

In December 2007, AZEIP identified problems with the revised settings data reported to OSEP in July 2007. The root of the problem is two-fold: Arizona's data system utilizes billing records, rather than IFSP records, to identify a child's primary service setting. Secondly, settings data derived from billing records provided by one of the participating state agencies, the Division of Developmental Disabilities (DDD), has been determined to be problematic, related to settings codes incorporated into that system. The settings codes do not conform to the OSEP settings categories and definitions; no community-based settings codes are available in the DDD billing system. In addition, the DDD-AZEIP settings code crosswalk contained an error, incorrectly counting provider office settings as community-based settings. The settings data problem could not be corrected in time for this report, and will be worked on by AZEIP during the coming months.

**Child Outcome Data:**

DDD incorporated AZEIP's Child Indicator Summary exit and entry data as an addition to its FOCUS data system in September 2006. AZEIP has experienced technical challenges extracting entry and exit ratings data, and therefore cannot calculate progress data from the database that DDD submits monthly to AZEIP. AZEIP's initial solution has been to issue guidance that DDD service coordinators submit paper copies of the CISFs sent to the DES/AZEIP office, and the data will be entered into the child outcome database by AZEIP staff.

**Child Count Data:**

Problems with Arizona's 2006 child count data collection, processing, and measurement were identified in January 2007. The parameters that were being used to identify a child as an eligible child with an active IFSP were incorrectly eliminating some children who were being provided services under Part C. In addition, initial IFSP dates were being used to identify "active" IFSPs, rather than current IFSP dates; therefore children whose current record did not contain an initial IFSP date were not counted. This was particularly problematic because separate, unlinked databases are used by each provider, and all records are not combined into a single seamless record for the child from referral through exit. This problem was initially addressed in March – June 2007 by revising the data system's child count data parameters, re-running the child count reports, and submitting revised reports to OSEP in July 2007.

The 2007 child count data analysis reports results will be closely examined to ensure that all eligible children with an active IFSP as of December 1 are included in the data.

Ongoing activities to ensure correction must include tracking children from initial IFSP development to service provision, desk audits for complete and valid data, and follow up to ensure correction of noncompliance.

**Exit Data:**

Significant numbers of records are missing exit dates and/or exit reasons. Records missing data have been defaulted to exit code 2- Part B Eligible, Exiting Part C. Correction will require periodic review of data and follow-up, including TA for service coordinators.

| Improvement Activities  | Timelines                  | Status  |
|---|----------------------------|---|
| Provide technical assistance, as needed, to resolve production problems, retest, and retrain.   | December 2005 and ongoing  | Ongoing   |
| Evaluate Results of ACTS system revision. <ul style="list-style-type: none"> <li>• Check reports for accuracy</li> <li>• Check if data is properly entered and validated</li> <li>• Develop plan to correct, if needed</li> <li>• Technical assistance, if needed</li> <li>• Fix production problems and retest and retrain, if needed</li> </ul> | Ongoing                    | Implemented for 45 day timeline data.                   |
| Work with DES Division of Developmental Disabilities (DDD) to revise the DDD data system to ensure inclusion of required data elements, reports, and transfer of data to and from DES/AzEIP.  | July 2006 – December 2007  | Continuing.   |
| New data entry screens implemented by DDD in September 2006 to collect required data elements and to provide bridge to permanent DDD data system changes.   | September 2006             | Under review to improve data accuracy and completeness. |
| Training provided to service coordinators September through November. User manual released in November 2006.  | September – November 2006  | User manual released.                                   |
| Implement and monitor the revised DDD system. Provide technical assistance, as needed, to resolve production problems, retest and retrain.  | September 2006 and ongoing | Partially implemented.                                  |
| Monitoring protocol for site visits includes verification of individual child electronic records.   | Ongoing                    | Completed and ongoing                                   |
| Incorporated herein are the improvement activities from Indicator # 9 regarding continuing implementation of the monitoring system.   |                            |   |
| <b>Revise and expand policies and procedures related to data collection</b>   |                            |   |
| Revise data collection policies and procedures, as needed, and incorporate into policy and procedure manual.  | February 2006              | Completed   |
| Align policies and procedures across all agencies and providers regarding data collection.  | February 2006              | Completed   |
| Disseminate and implement revised policies and procedures related to data collection across the service providing agencies.   | February 2006 and ongoing  | Completed and ongoing                                   |

## APR Template – Part C

Arizona  
State

| Improvement Activities  | Timelines                            | Status      |
|---|--------------------------------------|-------------|
| Monitor through CQICs (see Indicator #9) to ensure implementation of policies and procedures. | In accordance with monitoring cycles | Implemented |

### Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2006

| Improvement Activities  | Timelines                  | Status And Resources   |
|---|----------------------------|--|
| Develop data handling and verification plan to ensure collection and reporting of accurate and timely data, including:<br>Data collection<br>Data editing and validation<br>Data reporting<br>System management<br>Documentation<br><b>Justification- Necessary</b> | October 2007-<br>June 2008 | General outline developed.<br>Specific steps in development. |
| Implement data handling and verification plan to ensure collection and reporting of accurate and timely data.<br><b>Justification- Necessary</b>  | January – June<br>2008     | Tracking log was implemented<br>January 1, 2008.             |
| Work with Data Accountability Center to review data collection and reporting.<br><b>Justification- TA needed.</b>   | January-June<br>2008       | Data Accountability Center has agreed to provide TA.         |